Introduction to Deny a SAR

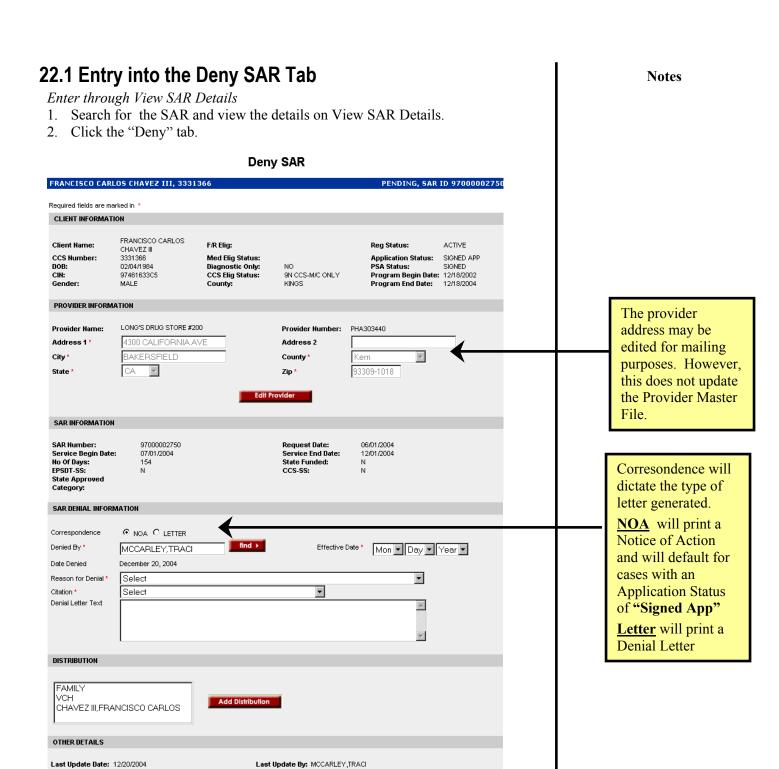
A service authorization has service codes that can be denied as well as authorized. The user can enter the "Deny SAR" tab when the SAR is "Pending."

The actual denial will not occur until the user clicks the "Deny" button on the "Deny SAR" tab.

Objectives

At the completion of this section, you will be able to:

Deny a SAR



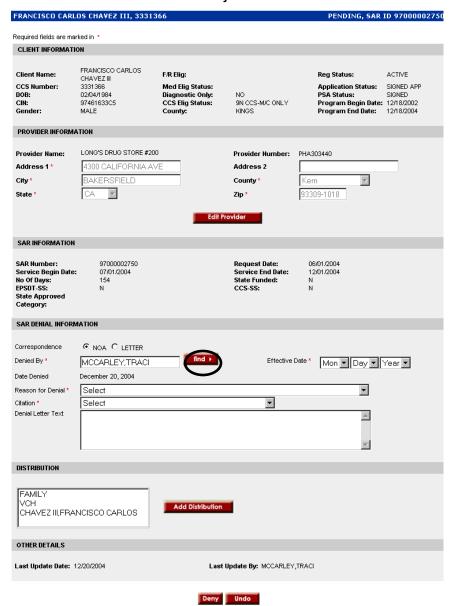
Deny Undo

Notes

22.2 Enter SAR Denial Information

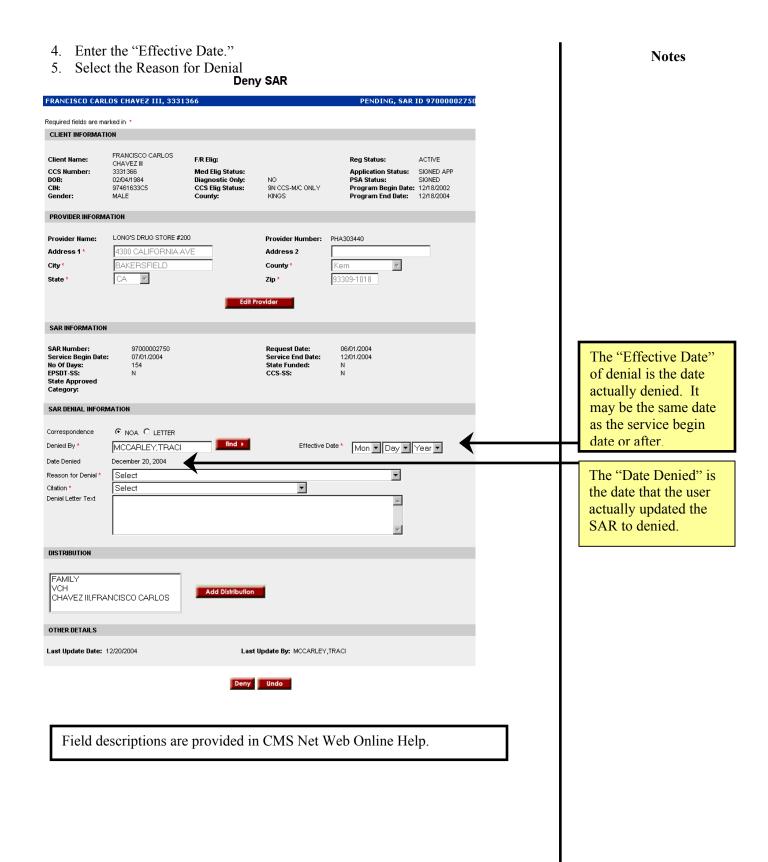
- 1. Enter the name of the person for the "Denied By" field.
 - A default name is provided for the user who is logged in CMS Net Web.
- 2. Click the "find" button.

Deny SAR



3. Select by clicking the name of the user in the user search results.

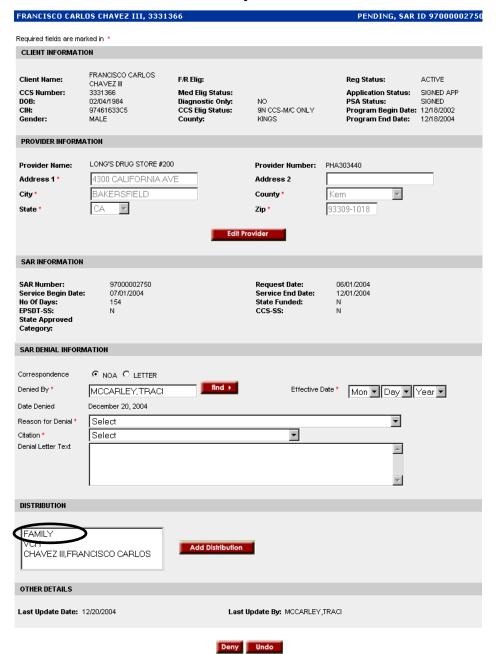




22.3 Enter SAR Denial Information

- 1. Enter the Denial Letter Text if appropriate.
- 2. Select values in the "Distribution" list box for who should receive the denial letter. You may select multiple values.

Deny SAR





Whatever is typed in the "Denial Letter Text" will appear in the Denial Letter below the paragraph that states the reason for denial.

22.4 Deny the SAR

- 1. To save updates to the SAR and to update the status of the SAR to *denied*, click the "Deny" button.
- 2. Once the status of the SAR is updated to "Deny," the narrative page will open. From the narrative, the user will have the option to print the Denial Letter and return to the View SAR page.

Deny SAR

FRANCISCO CARL	OS CHAVEZ III, 33313	PENDING, SAR	PENDING, SAR ID 97000002750							
Required fields are mar	rked in *									
CLIENT INFORMATION										
Client Name: CCS Number: DOB: CIN: Gender:	FRANCISCO CARLOS CHAVEZ III 3331366 02:04/1984 97461633C5 MALE	F/R Elig: Med Elig Status: Diagnostic Only: CCS Elig Status: County:	NO 9N CCS-M/C ONLY KINGS	Reg Status: Application Status: PSA Status: Program Begin Date: Program End Date:	ACTIVE SIGNED APP SIGNED 12/18/2002 12/18/2004					
PROVIDER INFORMA	TION									
Provider Name: Address 1 * City *	LONG'S DRUG STORE #200 4300 CALIFORNIA AV BAKERSFIELD CA		Provider Number: Address 2 County * Zip *	PHA303440 Kem 93309-1018						
SAR INFORMATION										
SAR Number: Service Begin Date: No Of Days: EPSDT-SS: State Approved Category:	9700002750 07/01/2004 154 N		Request Date: Service End Date: State Funded: CCS-SS:	06/01/2004 12/01/2004 N N						
SAR DENIAL INFORMATION										
Correspondence Denied By * Date Denied Reason for Denial * Citation * Denial Letter Text	NOA C LETTER MCCARLEY,TRACI December 20, 2004 Select Select	find >	Effective I	Date Mon Day	Year ▼					
DISTRIBUTION										
	NCISCO CARLOS	Add Distribution	Í							
OTHER DETAILS										
Last Update Date: 1	2/20/2004	Last U	pdate By: MCCARLEY	,TRACI						
		Deny	Undo							

22.5 The Denial Letter

Here is a copy of the denial letter that will be generated for the provider and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration

California Children's Services <County or Regional Office> <County or Regional Office Address Line 1> <County or Regional Office Address Line 2> <County or Regional Office City, State Zip-Zip+4>

<Current-Date>

DENIAL LETTER

Dear < Provider-Name>:

<Reason-for-Denial> <Denial-Letter-Text>

The services requested were:

<Number-of-Days> inpatient days

<service-code< th=""><th><modifier></modifier></th><th><service-< th=""><th><service-< th=""><th><service-< th=""><th><amount></amount></th></service-<></th></service-<></th></service-<></th></service-code<>	<modifier></modifier>	<service-< th=""><th><service-< th=""><th><service-< th=""><th><amount></amount></th></service-<></th></service-<></th></service-<>	<service-< th=""><th><service-< th=""><th><amount></amount></th></service-<></th></service-<>	<service-< th=""><th><amount></amount></th></service-<>	<amount></amount>
or SCG>		Description>	Units>	Quantity>	

The effective date of denial is <Date-of-Denial>.

Thank you for your continued participation in the CCS program. If you have any questions, please call the <County/Regional Office> CCS office at <County/Region Phone Number>.

Sincerely,

California Children's Services

22.6 The Notice of Action Letter

Here is a copy of the NOA letter that will be generated for the family and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration

California Children's Services SRO-SACRAMENTO REGIONAL OFFICE P.O. BOX 997413 MS 8100 SACRAMENTO,CA 95899-7413 (916) 327-3100

CAMELIA CHAVEZ 5704 NEWARK CORCORAN,CA 93212

NOTICE OF ACTION

SAR # 97000002750 **RE:** FRANCISCO CARLOS

DOB: 02/04/1984 CCS # 3331366 CO: KINGS

Dear CAMELIA CHAVEZ:

The California Children's Services program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information, the following determination was made:

CCS program benefits may be authorized for clients enrolled in a HMO only when the service has been denied by the HMO plan membership and it is necessary to treat the CCS eligible condition. The requested service is denied because the service is a benefit of your HMO plan. Citations: Health and Safety Code, Section 123825; Title 22, California Code of Regulations, Section 42110 (8) and State Department of Health Services, California Children Services Policy letter numbered 06-0394.

The effective date of this Notice of Action is 07/01/2004.

THIS SPACE IS AVAILABLE FOR DENIAL TEXT.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (916) 327-3100.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children's Services

CC: CAMELIA CHAVEZ 5704 NEWARK CORCORAN,CA 93212

CALIFORNIA CHILDREN'S SERVICES PROGRAM NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: FRANCISCO CARLOS CHAVEZ III

 DOB:
 02/04/1984

 CCS #
 3331366

 CO:
 KINGS

The California Children's Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

- Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.
- 2. The appeal MUST be submitted by 01/19/2005, which is 30 calendar days from the date on the Notice of Action.
- If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.
- 4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.
- 5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN'S SERVICES SRO-SACRAMENTO REGIONAL OFFICE P.O. BOX 997413 MS 8100 SACRAMENTO,CA 95899-7413

6. You have a right to review the CCS file and medical records for FRANCISCO CARLOS CHAVEZ III.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (916) 327-3100.